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JC962 U.S. PTO

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PTO/58/05 (12-97)

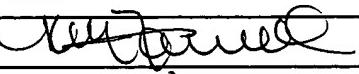
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|---|---|---|--|--|---|
| UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | | <i>Attorney Docket No.</i> | 0184-2001 | <i>Total Pages</i> | 9 |
| <i>First Named Inventor or Application Identifier</i> | | | | | |
| Jon Sanders | | | | | |
| | | <i>Express Mail Label No.</i> | ET976172549US | | |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 | | | |
| 1. <input checked="" type="checkbox"/> | Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> | 6. <input type="checkbox"/> | Microfiche Computer Program (<i>Appendix</i>) Nucleotide and/or Amino Acid Sequence Submission <i>(If applicable, all necessary)</i> | | |
| 2. <input checked="" type="checkbox"/> | Specification [<i>Total Pages 9</i>] <i>(preferred arrangement set forth below)</i> - Descriptive title of invention. - Cross References to Related Applications. - Statement Regarding Fed sponsored R & D. - Reference to Microfiche Appendix. - Background of the Invention. - Brief Summary of the Invention. - Brief Description of the Drawings (<i>if filed</i>). - Detailed Description. - Claim(s). - Abstract of the Disclosure. | 7. <input type="checkbox"/> | a. <input type="checkbox"/> | Computer Readable Copy | |
| 3. <input checked="" type="checkbox"/> | Drawing(s) (<i>35 USC 113</i>) [<i>Total Sheets 1</i>] | 8. <input type="checkbox"/> | b. <input type="checkbox"/> | Paper Copy (identical to computer copy) | |
| 4. <input checked="" type="checkbox"/> | Oath or Declaration [<i>Total Pages 2</i>] | 9. <input type="checkbox"/> | c. <input type="checkbox"/> | Statement verifying identity of above copies | |
| ACCOMPANYING APPLICATION PARTS | | | | | |
| 10. <input type="checkbox"/> | Assignment Papers (cover sheet & document(s)) | | | | |
| 11. <input type="checkbox"/> | 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> | | | | |
| 12. <input type="checkbox"/> | Power of Attorney | | | | |
| 13. <input type="checkbox"/> | English Translation Document (<i>if applicable</i>) | | | | |
| 14. <input type="checkbox"/> | Information Disclosure Statement (IDS)/PTO-1449 <i>(Should be specifically itemized)</i> | | | | |
| 15. <input type="checkbox"/> | Copies of IDS Citations | | | | |
| 16. <input type="checkbox"/> | Preliminary Amendment | | | | |
| | Return Receipt Postcard (MPEP 503) | | | | |
| | Small Entity Statement(s) | | | | |
| | <i>Statement filed in prior application.</i> | | | | |
| | Status still proper and desired. | | | | |
| | Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> | | | | |
| | Other: <u>Application Data Sheet</u> | | | | |
| 5. <input type="checkbox"/> | Incorporation By Reference (<i>useable if Box 4b is checked</i>) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | | | | |
| 17. | If a CONTINUING APPLICATION, check appropriate box and supply the required information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ | | | | |

| 18. CORRESPONDENCE ADDRESS | | | | | |
|---|--|-----------|----------------|----------|----------------|
| NAME | Kevin M. Farrell Kevin M. Farrell, P.C. | | | | |
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| 19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED | | | | | |
| NAME | Kevin M. Farrell | | | | |
| SIGNATURE |  | | | | |
| DATE | 1/15/02 | | | | |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jon Sanders

Title: REMOVABLE TEMPLATE FOR AUDIO AMPLIFICATION SYSTEM

FEE TRANSMITTAL FORM

BOX PATENT APPLICATION

Assistant Commissioner for
Patents

Washington, DC 20231

Dear Sir:

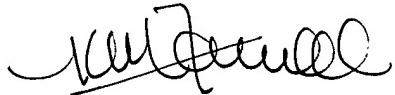
The filing fee for the referenced application has been calculated as shown below.

| CLAIMS | FOR | NUMBER FILED | NUMBER EXTRA | RATE | CALCULATION |
|---|--------------|--------------|--------------|------|-------------|
| | TOTAL CLAIMS | 16-20 = | 0 | X 18 | 0 |
| | INDEPENDENT | 2-3= | 0 | x 84 | 0 |
| MULTIPLE DEPENDENT CLAIMS | | | 280 | | |
| | | | BASIC FEE | 740 | |
| | | | SUBTOTAL | 740 | |
| Reduction by 50% for filing by small entity | | | | | |
| TOTAL = | | | | 370 | |

Please charge my Deposit Account No. 06-0130 in the amount of \$ _____. Two copies of this transmittal are enclosed.

X A check in the amount of \$370.00 to cover the filing fee is enclosed. Any deficiency or overpayment should be charged or credited to Deposit Account No. 06-0130.

Respectfully submitted,



Kevin M. Farrell
Registration No. 35,505
Attorney for Applicant(s)
(207) 363-0558

York Harbor, ME

Dated: 11/15/02

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